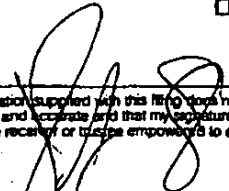


FILED
Jul 18, 2006 8:00 am
Secretary of State

05-04-2006 90032 044 ****50.00

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L0500011847			
1. Entity Name URBANSAPES LLC			
Principal Place of Business 21601 SW 154 AVENUE MIAMI, FL 33170		Mailing Address 21601 SW 154 AVENUE MIAMI, FL 33170	
2. Principal Place of Business		3. Mailing Address 21601 SW 154 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Miami FL	
Zip	Country	Zip	Country FL
33170		33170	
4. FEI Number 20-3859718		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent CONTRERAS, GILBERT A 4000 PONCE DE LEON BLVD., SUITE 400 CORAL GABLES, FL 33148		7. Name and Address of New Registered Agent Name PETER DUARTE Street Address (P.O. Box Number is Not Acceptable) 21601 SW 154 AVENUE City Miami FL Zip Code 33170	
8. This above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE Signature, typed or printed name of registered agent and filer if applicable. (NOTE: Registered Agent signature required when substituting)			
Filing Fee to \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
B. MANAGING MEMBERS/MANAGERS		C. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MANAGER PETER DUARTE 21601 SW 154 AVE MIAMI FL 33170	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MANAGER ROBERT VINA 13255 SW 135 AVE MIAMI FL 33186	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MANAGER GEOFF HUBBARD 2203 NW 22 AVE MIAMI FL 33142	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this report does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the secretary or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		Date 6/20/06 Chapter 608, Florida Statutes	